### General Conditions & Cleanliness (R6-18-702):

1. Interior & exterior in good repair and free of damage that poses a hazard. YES ☐ NO ☐
2. Play areas and therapy equipment are in good repair. YES ☐ NO ☐
3. Setting is clean to the degree that the condition does not constitute a hazard. YES ☐ NO ☐
4. Garbage is removed from the setting & premises at least once each week. YES ☐ NO ☐
5. The setting and outside play areas are free of insect and rodent infestation. YES ☐ NO ☐

### Safeguarding Hazards (R6-18-703)

1. Setting has a system to lock highly toxic substances. YES ☐ NO ☐
2. Setting has a system to safeguard cleaning supplies. YES ☐ NO ☐
   - Specify system for safeguarding: _____________________________________________
3. Weapons are safeguarded. YES ☐ NO ☐
   - No weapons on premises
4. Firearms are locked in an unbreakable container. YES ☐ NO ☐
5. Firearms are trigger-locked or rendered inoperable. YES ☐ NO ☐
   - Number of firearms identified on the premises: ________________________________
6. Ammunition is locked separate from firearms. YES ☐ NO ☐
7. Handrails and grab-bars are securely attached and stationary. YES ☐ NO ☐
8. Skirting is intact around the base of the setting. YES ☐ NO ☐
9. Animals do not pose a hazard due to behavior, disease, etc. YES ☐ NO ☐
10. Setting has a system to lock highly toxic substances. YES ☐ NO ☐
11. Setting has an operable telephone. YES ☐ NO ☐

### Storage of Medication (R6-18-704):

1. Prescription and over-the-counter medications in the setting are locked in a securely fastened storage container. YES ☐ NO ☐
2. Medications that must be readily available or may be accessed per an individual’s case plan are safeguarded. YES ☐ NO ☐
3. Medications that must be refrigerated are locked, without preventing access to refrigerated food. YES ☐ NO ☐

### Safe Appliances (R6-18-705):

1. Appliances for refrigerating & cooking food are functioning and safe. YES ☐ NO ☐
   - Refrigerator temperature: _______ °F
2. Setting has sufficient lighting to perform normal activities in bedrooms and living/program areas. YES ☐ NO ☐
3. Setting has adequate heating, cooling, & ventilation in bedrooms and living/program areas. YES ☐ NO ☐
   - Interior temperature: _______ °F
4. Setting has an operable telephone. YES ☐ NO ☐
5. The clothes dryer is safely vented with a non-flammable vent hose. YES ☐ NO ☐
6. Each portable heater meets the following standards. YES ☐ NO ☐

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### Electrical Safety (R6-18-706):

1. Electricity/wiring appears safe. YES ☐ NO ☐
2. Light sockets have light bulbs are safely covered to prevent electrical shock. YES ☐ NO ☐
3. Interior and exterior electrical panels and outlets are covered and have no exposed wiring. YES ☐ NO ☐
4. Electrical outlets are not overloaded. YES ☐ NO ☐
5. Electrical cords are in good condition; no broken or frayed cords are in use. YES ☐ NO ☐
6. Extension cords are not used on a permanent basis. YES ☐ NO ☐
7. Mid-sized appliances are plugged into grounded outlets/power strips. YES ☐ NO ☐
8. Major appliances are plugged directly into grounded outlets. YES ☐ NO ☐
The setting was not in full compliance with all safety measures evaluated by the OLCR Life-Safety Inspector. Licensing agency must verify corrections OLCR must verify corrections Date full compliance verified by OLCR

Inspector’s Name (print) Inspector’s signature

I acknowledge that the findings of this inspection have been reviewed with me and I have been provided with a copy.

Provider’s Name (print) Provider’s signature

Distribution: ORIGINAL – OLCR Inspector; COPY – Licensing/Certification agency; COPY – Care Provider

See reverse for ADA/EOE/LEP/GINA statements
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